

# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application No.	10/018,672
Filing Date	April 18, 2002
First Named Inventor	Thonnard
Examiner Name	Baskar, P.
Group Art Unit	1645
Confirmation No.	1681
Attorney Docket No.	153278-BM45395 (306548)

Total Number of Pages in this Submission:

## ENCLOSURES (check all that apply)

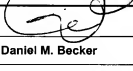
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Substitute PTO Form 1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Notice/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. §1.52 or §1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After-Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Combined Revocation and Power of Attorney and 37 C.F.R. §3.73(b) and 3.71 Statements and Request for Change of Attorney Docket Number <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Additional Enclosure(s) (specify): <input type="checkbox"/> _____ <input type="checkbox"/> _____
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Remarks:

**Please address all correspondence to Customer Number 37509**

The Director is hereby authorized to charge any fees that may be required in connection with the papers submitted herewith that have been inadvertently omitted, specifically including any extension fees that may be required under 37 C.F.R. § 1.136(a), to Deposit Account No. 50-2778 (Charge No. 153278-BM45395 (306548))

## SIGNATURE OF ATTORNEY OR AGENT

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